When this form is completely filled out use Preventive Medicine Services Code:

99382—New Patient (ages 1-4 years) 99392—Established patient (ages 1-4 yrs)			
4 Y EPSDT Screening Date	2 0 0 Member ID#		
Four Year Visit			
Name	Birth Date	Historian	
AgeAllergies	Medica	ations	
Weightlbs Length	inches BP	Temp	ГРО
History Update Changes in your family history?	Physical Exam (UNCLOTHED General	Yes No) $\checkmark = NL$ $X = NL$	= ABNL
No Yes	Head \Box		
	Neck 🖵		
	Eyes		
Has the patient had any new problems or	Red reflex		
illnesses since the last visit? No Yes	Alignment		
	Nose \Box		
FH heart disease < 55 No Yes	Throat/Mouth/Teeth		
FH ↑ cholesterol No Yes	Lungs		
Problems / Parental Concerns	Heart 🖵		
110blems / 1 alontal Concerns	Abdomen □		
	Femoral Pulses		
	Genitalia		
	Female 📮		
Nutrition	Male		
Appetite: good variable picky	Testes		
Water: city well spring bottled	Gait		
WIC: Yes No	Spine 📮		
Hearing/Speech	Skin		
Hears well? yes no Talks well? yes no	Neuro 📮		
Easy to understand? yes no			
Hearing screening test	Safety	Impression	
normal abnormal unco-op	Smoke detectors	☐ Well Child, normal growth and dev	/elopment
Vision:	☐ No smoking in home		
Notices small objects yes no	Car safety seat, back seat safest	·	
Vision screening test:	□ Booster seat > 40 #□ Bike helmet		
·	☐ Water safety, swimming lessons		
L R	Firearm safety	Plan/Referrals	
, , , , , , , , , , , , , , , , , , , 	Outdoor safety, supervision	☐ Immunizations current yes n	
Developmental Screen*	Sunburn prevention	☐ DTaP, IPV, HepB, Hib, MMR, Va	ir
normal abnormal	Health/Nutrition	☐ Four year handout sheet☐ RTC at 5 years	
Lead Risk Factors* yes no	☐ Low fat milk	☐ Fluoride gtts. O.5 mg daily	
TB Risk Factors* yes no	☐ Encourage fruits and vegetables	Chewable Vitamins with Iron	
	☐ Brush teeth, see dentist	See dentist	
IPPD result	☐ Encourage active play		
Lab Tests	Social/Behavioral	_	
Hgb	☐ Discipline, time out		
S	Praise good behavior	<u> </u>	
Lead level	TV limits, read to child		
(Hgb required at 9 mos. Test only if not	Dresses self, helps at home	<u> </u>	
done previously or if abnl. Omit lead level			=
if normal at 24 mos. & low risk.)	☐ Family		D. / P.N.I
·	Friends and playmates	☐ See back for additional documentate	iion
Cholesterol	☐ Day care, pre-school		
*see separate form	Provider ID#		